

ATTACHMENT C – NOTICE OF INTENT FOR INDIVIDUAL COMPLIANCE PROGRAM

TO COMPLY WITH
ORDER R7-2014-0046
CONDITIONAL WAIVER OF WASTE DISCHARGE REQUIREMENTS
FOR DISCHARGES FROM IRRIGATED LANDS WITHIN
THE COACHELLA VALLEY

1. TYPE OF DISCHARGE	
Agricultural Wastewater Discharge	Drain Maintenance Discharge
<input type="checkbox"/> Farm greater than 5 acres, but less than 100 acres <input type="checkbox"/> Farm greater than 100 acres, but less than 200 acres <input type="checkbox"/> Farm greater than 200 acres <input type="checkbox"/> Other:	Name of Drain(s): _____

2. REASON(S) FOR FILING	
<input type="checkbox"/> Seeking Coverage for Existing Discharge <input type="checkbox"/> Seeking Coverage for New Discharge <input type="checkbox"/> Expansion	<input type="checkbox"/> Changes in Ownership/Operator <input type="checkbox"/> Other:

3. IRRIGATED LAND INFORMATION¹				
Owner:		Mailing Address:		
City/Locale:	County:	State:	Zip:	Telephone Number:
Grower/Operator:		Mailing Address:		

¹ A NOI is required for each farm parcel that has a unique assessor's parcel number or CVWD canal meter number.

3. IRRIGATED LAND INFORMATION¹

City/Locale:	County:	State:	Zip:	Telephone Number:
Type of Irrigated Land				
<input type="checkbox"/> Row Crops	<input type="checkbox"/> Irrigated Pasture			
<input type="checkbox"/> Orchard	<input type="checkbox"/> Other (please describe):			
Source(s) of Water Supply:				

4. ADDITIONAL INFORMATION

Assessor's Parcel Number:
Use the space below, or attach additional sheets, to explain any response that needs clarification:

5. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ Title: _____

Signature: _____ Date: _____